

ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

FILING A COMPLAINT

The Chiropractic Board is empowered by law to enact, interpret, and apply rules and regulations governing the conduct of individuals licensed under the State of Arkansas Chiropractic Practice Act.

- ◆ Any person or legal entity may file a complaint or report a violation to the board. Such complaints should be in writing (along with the ASBCE Uniform Complaint Form), and should state facts, which indicate possible misconduct by the licensee. The board may act on its own initiative if evidence of misconduct comes to the attention of the board.
 - ◆ When filing a complaint give full details, which should include facts, details, and dates. Attach all billing document records, correspondence and contracts.
 - ◆ Upon receiving a complaint a copy is forwarded to the Board investigation officer and the Board's appointed Assistant Attorney General for review.
 - ◆ A letter is mailed to the doctor along with a copy of the complaint requesting a response within ten days. Upon receiving a letter of response from the doctor the investigation office and board attorney determine whether further investigation is warranted or whether an informal disposition may be attempted by settlement, consent, agreement, or for lack of sufficient probable cause.
 - ◆ Upon completion of an investigation, the Board investigation officer and Board's Attorney determine whether a disciplinary hearing should be scheduled to resolve the issue.
- *A licensee brought before the board has a right to respond to specific charges. The licensee has a right to a fair hearing. Procedures, which protect the licensee's rights, while allowing the board to conscientiously enforce its rules, are essential to an effective disciplinary environment.*

Arkansas State Board of Chiropractic Examiners
101 East Capitol, Suite 209
Little Rock, Arkansas 72201

UNIFORM COMPLAINT FORM

Please return to:

Arkansas State Board of
Chiropractic Examiners
101 East Capitol, Suite 209
Little Rock, AR 72201

(Type or Print)

Your Name_____

Addrees_____

City_____State_____Zip_____

Telephone

(____)_____(____)_____

Business

Residence

SUBJECT OF COMPLAINT

Name_____

Address_____Telephone(____)_____

City_____State_____Zip_____

Have you contacted subject concerning complaint: ____Yes ____No

Witness (Give full names and addresses):

Arkansas State Board of Chiropractic Examiners
101 East Capitol, Suite 209
Little Rock, Arkansas 72201

GIVE FULL DETAILS OF YOUR COMPLAINT, (Include facts, details, and dates.
Please Attach all bill documents records, correspondence, and contracts. (Use
additional sheets if necessary.)

Signature_____

Date_____